

CLAIMS ONLY						
Application Number 091948665						Filing Date
Applicant(s)						
* May be used for additional claims or amendments						
AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
CLAIMS	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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50						
Total Indep	3					
Total Depend	15					
Total Claims	18					
* May be used for additional claims or amendments						
		*		*		*
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						